



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 8, 2016

Ms.. Devida Deluca, Manager
Heaton Woods
10 Heaton Street
Montpelier, VT 05602-2480

Dear Ms.. Deluca:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 12, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/12/2016
NAME OF PROVIDER OR SUPPLIER HEATON WOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 10 HEATON STREET MONTPELIER, VT 05602			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES - (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite self report investigation was conducted on 10/12/16 by the Division of Licensing and Protection. The following are Residential Care Home regulatory findings as the result.	R100			
R192 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.d Reports and records shall be filed and stored in an orderly manner so that they are readily available for reference. Resident records shall be kept on file at least seven (7) years after the date of either the discharge or death of the resident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to retain records and reports in an orderly fashion and to make them available for reference. Findings include: 1. Per record reviews on 10/12/16, the results of a reported misappropriation of money was not available for surveyor review. During telephone interview on 10/12/16 at 1:33 PM, the Nurse who was employed during the reported incident stated the former administrator instructed staff that these type of incidents don't go in resident's chart. When asked if there is another chart or file the nurse confirmed there is "no place to put these things like that". The Interim Administrator confirmed at 2:00 PM that "recording of information needs to happen, we need to tighten this up".	R192		See attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David A. Lucia, Manager 11/2/16

STATE FORM

6552

LNB411

If continuation sheet 1 of 3

R192-R224 POC accepted 11/3/16 SEMMONS/PLM

Division of Licensing and Protection

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R200	Continued From page 1	R200			
R200 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review and interviews the RCH failed to update policies and procedures that govern all services provided by the home. Findings include:</p> <p>1. During the self report investigation on 01/12/16, the nurse surveyor requested to review the policy and procedures book regarding care and services provided. It was noted that the binder was dated October 1995 and had limited amount of information to help and direct staff in all areas of care and services. Per interview at 2:00 PM the Interim Administrator acknowledged the need for new Policies and Procedures (P&P), in which the procedures 'need to be like a road map' to direct staff. S/he stated the new P&P will be streamlined and integrated to meet the current regulations as well as all services.</p>	R200	See Attached		
R224 SS=D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p>	R224			

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R224	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that 1 applicable resident (#1) in the sample remained free from potential exploitation. Findings include:</p> <p>1. A report of missing money was made to the Division three months after Resident #1 stated that (his/her) wallet with large sum of money was missing. Per interview on 10/12/16 at 10:32 AM, several care staff acknowledged that Resident #1 frequently misplaces personal items but had reported to staff, about four times during the day, the concern over the missing wallet/money. However, Staff stated that misplaced items are usually found within a few days to several weeks, which did not happen in this case. Although staff are aware to report to the administrator, stated "not sure what happens after that" and acknowledged that there was no follow up with the former Administrator and Nurse. After confirmation through interviews with the former Administrator and DNS, the resident's money was taken without permission. The employee was terminated from employment the monies repaid to the resident. The care staff stated the former nurse "did speak to everyone about not accepting money/gifts, not removing anyone's belongings and taking resident's stuff". The Interim Administrator later in the day, confirmed that the resident was not free from exploitation.</p>	R224	See attached		

Division of Licensing and Protection

Heaton Woods 10 Heaton Street Montpelier VT 05602

Provider's Plan of Correction

R192 V Resident Care and Home Services-

Action Taken or Planned:

The use of the Incident Reports and Reporting Procedures have been reviewed with staff.

Changes made to assure does not recur:

Incident Reports will be kept in a binder, reviewed by Administrator/Designee as they occur. Staff have been instructed to report all incidents to the charge person of their shift.

Monitoring to prevent recurrence:

Monitoring is ongoing by the Administrator/Designee.

Dates Corrective action will be completed:

The corrective action was completed on October 14, 2016

R200 V. Resident Care and Home services

Action Taken or Planned:

The Policy regarding Resident rights; Residents shall be free from mental, verbal or physical abuse, neglect and exploitation; has been updated to reflect the current Regulations.

Changes made to assure does not recur:

The Policy Manual will be updated to reflect current Regulations.

Monitoring to prevent recurrence:

The Administrator will be working with staff members to revise and update the Policy Manual.

Dates Corrective action will be completed:

This will be done on an ongoing basis. Administrator will begin reviewing the Policies immediately, and rewriting/updating Policies as needed to make the Policy Manual reflect the Regulations.

R224 V1. Resident's Rights

Action Taken or Planned:

Resident Rights have been reviewed with staff with an emphasis on exploitation and APS and DLP reporting.

Continued R224V1. Resident's Rights

Changes made to assure does not recur:

Residents Rights will be reviewed with staff on an ongoing basis. The shift change hand off reports are used to report any missing items, and any other reportable incidents.

Monitoring to prevent recurrence:

Administrator/Designee will monitor shift change meetings

Dates corrective action will be completed:

This was completed October 14, 2016.